

**Arizona Department of Health Services / Division of Licensing Services
Offices of Assisted Living & Special Licensing / Architectural Review Unit
CITY / COUNTY AUTHORITY CLEARANCE**

This section to be filled out by Licensing Applicant

☐ Assisted Living HOME (1-10 beds) ☐ Assisted Living CENTER (11 or more beds) ADHS License: _____
(existing facilities only)

Assisted Living Facility Name _____
(health care institution)

Facility Address _____

City _____ County _____, Arizona, Zip _____

Service Type: ☐ Directed Care ☐ Personal Care ☐ Supervisory Care
Total # of persons receiving care: _____ Total # of family and overnight staff: _____

Facility Owner Name _____ Owner's Phone _____

Owner's Mailing Address _____

Facility Contact Name _____ Contact's Phone _____

Contact's Mailing Address _____

Contact's E-Mail address(es) _____

This section to be filled out by Local Officials

ZONING DEPARTMENT CLEARANCE:

This structure at the Facility Address (noted above) is cleared or otherwise authorized for occupancy by residents who are:

☐ **INCAPABLE** of self-preservation **OR** ☐ **CAPABLE** of self-preservation ONLY.

Is the Facility Address (noted above) properly zoned for the owner's intended use? ☐ YES ☐ NO If "NO" was checked, what requirements will have to be met before the zoning clearance can be obtained?

Has a Special Use Permit been issued? ☐ YES ☐ NO If "YES" was checked, does it authorize the intended use? ☐ YES ☐ NO

Any Stipulations? _____

| | |
|------------------------------------|-------------------------------|
| Official's Name (printed) _____ | Official's Signature _____ |
|------------------------------------|-------------------------------|

| | |
|---------------------------|--|
| Official's Title _____ | Official's Phone _____ Date _____ |
|---------------------------|--|

BUILDING SAFETY DEPARTMENT CLEARANCE:

This structure at the Facility Address (noted above) is cleared or otherwise authorized for occupancy by residents who are:

☐ **INCAPABLE** of self-preservation **OR** ☐ **CAPABLE** of self-preservation ONLY.

Any Stipulations? _____

| | |
|------------------------------------|-------------------------------|
| Official's Name (printed) _____ | Official's Signature _____ |
|------------------------------------|-------------------------------|

| | |
|---------------------------|--|
| Official's Title _____ | Official's Phone _____ Date _____ |
|---------------------------|--|

FIRE DEPARTMENT CLEARANCE:

This structure at the Facility Address (noted above) is cleared or otherwise authorized for occupancy by residents who are:

☐ **INCAPABLE** of self-preservation **OR** ☐ **CAPABLE** of self-preservation ONLY.

Any Stipulations? _____

| | |
|------------------------------------|-------------------------------|
| Official's Name (printed) _____ | Official's Signature _____ |
|------------------------------------|-------------------------------|

| | |
|---------------------------|--|
| Official's Title _____ | Official's Phone _____ Date _____ |
|---------------------------|--|

Please attach a copy of the Fire Inspection Report